

UNIFORM HANDLING EXEMPTION REQUEST

Residential Properties

July 1, 2005 - June 30, 2006



REQUIRED INFORMATION --All applicants

Date: _____ Assessor's Parcel Number (APN): _____

A. Address of property for which the exemption is requested:

Number	Street Name	City	Zip Code
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B. Name, mailing address and telephone number of person requesting exemption:

First Name	Last Name	Mailing Address	Telephone Number
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C. Property Owner's Mailing Address if different from above:

Number	Street Name	City	Zip Code
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D. I presently _____ Own _____ Rent the premises identified in "A" above.

Please fill out either Section 1 or 2.

Section 1: I am a Full-time Resident and Dispose Of My Trash At Least Once a Week at a County Transfer Station/Landfill:

In order to receive an initial exemption from Uniform Handling you must provide four (4) consecutive weekly disposal receipts from a county landfill or transfer station. **NOTE:** Annual renewal requires three (3) sets of four (4) consecutive transfer station/landfill receipts each year to renew exemption or proportional number to date of exemption approval. Disposal receipts must be requested by the customer at the scalehouse immediately upon entry.

Section 2: I am a Weekend or Part-time Resident

In order to receive an initial exemption from Uniform Handling you must provide a copy of the latest waste collection bill from your primary residence along with a copy of the latest power bills from both your primary residence and your secondary residence. Note: the exemption is only effective through June of 2006 and it is the responsibility of the property owner to re-apply. Please summarize how you presently dispose of trash in the space provided below, sign and date this section and return to the address shown below:

All Applicants: Beginning February 1, 2005, a non-refundable application fee of \$15 in the form of a check or money order (no cash) payable to San Bernardino County must be included with this Application.

In addition to the fee and documentation required above, for exemptions to be issued to residents residing in the Valley Region (unincorporated areas of Upland, Chino, Fontana, San Bernardino, Muscoy, Mentone, Colton, Rialto, etc.), residents are required to pre-pay the disposal fee of \$85.14 in order to receive a pre-paid disposal card that will allow the resident to dispose of household trash at a County owned landfill or transfer station. For information on the landfill/transfer station nearest to your residence, call 800-722-8004. (For residents of the Mountain Region, the disposal fee is collected on the annual property tax bill, and therefore these residents are not required to pre-pay the disposal fee.)

I understand that San Bernardino County Code Section 33.0805. Refuse Removal requires that all waste, which contains Garbage produced or accumulated in or about a residence, shall be removed from the premises at least once every seven (7) days to an approved Solid Waste Facility. In addition, I understand that all exemptions are conditional and that County Code Enforcement Officers may inspect my property to ensure proper visual and sanitary storage of trash or, if applicable, to ensure that my property is vacant. I also understand that valid complaints from my neighbors regarding the storage of trash on my property or that my property is not vacant will result in the immediate loss of my exemption status. I certify under penalty of perjury that all waste from the premises will be properly handled and disposed of as described in sections 1 and 2 and as required above. I understand that as a condition of the continuation of this exemption, I or my representative must re-apply prior to July 1, 2006. I understand that, should it be approved, the County, for good cause, may revoke the exemption.

Signature

Date

NOTE: YOU MUST SIGN ABOVE IN ORDER TO RECEIVE AN EXEMPTION!

WHEN COMPLETED, MAIL TO:

County of San Bernardino
SOLID WASTE MANAGEMENT DIVISION
222 West Hospitality Lane, 2nd Floor
San Bernardino, CA 92415-0017
ATTENTION: UNIFORM HANDLING EXEMPTIONS

OFFICE USE ONLY:

EXEMPTION STATUS/DATE _____ ☐ APPROVED ☐ NOT APPROVED

IF NO, PLEASE EXPLAIN _____

EXEMPTION QUALIFICATION _____ ☐ VACANT PROPERTY ☐ RECEIPT PROGRAM ☐ OTHER

IF OTHER, PLEASE EXPLAIN _____

